

# THE HIDDEN TRUTH ABOUT WEIGHT GAIN



*“As we age, shifting hormones complicated by stress, poor diet & lack of exercise trigger numerous symptoms of imbalance – including unexplained weight gain.”*

Many of us know that maintaining an ideal weight is difficult despite all the best efforts with diet and exercise. What most don't know is that an undetected hormone imbalance can be the hidden culprit sabotaging your hard work to stay slim.

## **What's the Connection?**

Hormones are key players in regulating weight, metabolism, blood sugar, insulin, and when and where the body stores fat. As we age, shifting hormones complicated by stress, poor diet, lack of exercise, etc., trigger numerous symptoms of imbalance – including unexplained weight gain.

The good news is that there is a simple, at-home test that can identify whether you're one of the thousands affected.

*Are you affected? See the list of common symptoms on page 3.*

## **Hormone Triggers to Weight Gain**

**WOMEN** with a hidden hormone imbalance often discover that they can't lose weight as easily as they have in the past. Or they now have immovable belly fat they never had before. Surprisingly, weight gain caused by hormone imbalances can occur at any age.

Premenopausal women aged 20-30 with irregular cycles, or who don't ovulate, often experience imbalances and premenstrual weight gain, fluid retention, and sugar cravings made worse by stress, yo-yo diets and birth control.

In midlife, perimenopausal women aged 40-50 experience a “roller coaster” of symptoms including weight gain and belly fat caused by fluctuating hormone levels in the years leading up to menopause.

Women, generally over 50, who are entering into menopause and no longer ovulating see their progesterone production plummet. This creates a surplus of estrogen – a condition of estrogen dominance – that promotes weight gain in the hips and thighs, water retention and a sluggish metabolism. Postmenopausal women often mark the end of periods with the beginning of their real struggles with weight.



866.600.1636 | [info@zrtlab.com](mailto:info@zrtlab.com)

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**MEN** with a hormone imbalance often notice that body fat is taking the place of lean muscle as testosterone and DHEA levels decline around age 40. The more pounds gained, the more testosterone turns into estrogen in fat cells, with further drops in metabolism.

Related imbalances of cortisol and insulin in both sexes can impair thyroid function and raise risks for metabolic syndrome and diabetes.

### Did You Know?

An undetected hormone imbalance can defeat weight loss or your best efforts to maintain a healthy weight.

If you have:

- Difficulty losing weight despite dieting and exercising
- Weight gain with belly fat
- Weight gain in hips and thighs
- High Body Mass Index (BMI)
- Loss of lean muscle
- Increased appetite/cravings

simple testing can reveal whether hormones are silently sabotaging your weight loss efforts. ZRT's Weight Management Profile can pinpoint hormone imbalances that contribute to unexplained weight gain.

### HORMONE IMBALANCES ASSOCIATED WITH OBESITY:

#### Estrogen/Progesterone:

- estrogen dominance
- weight gain in hips & thighs
- water retention
- low thyroid
- sluggish metabolism

#### Testosterone/DHEA:

- androgen imbalance
- decreased lean muscle/  
increased body fat
- decreased metabolic rate
- abdominal obesity

#### High Cortisol:

- belly fat
- increased appetite
- sugar cravings
- impaired metabolism

#### Vitamin D3 deficiency:

- hyperinsulinemia
- belly fat

#### Elevated TSH:

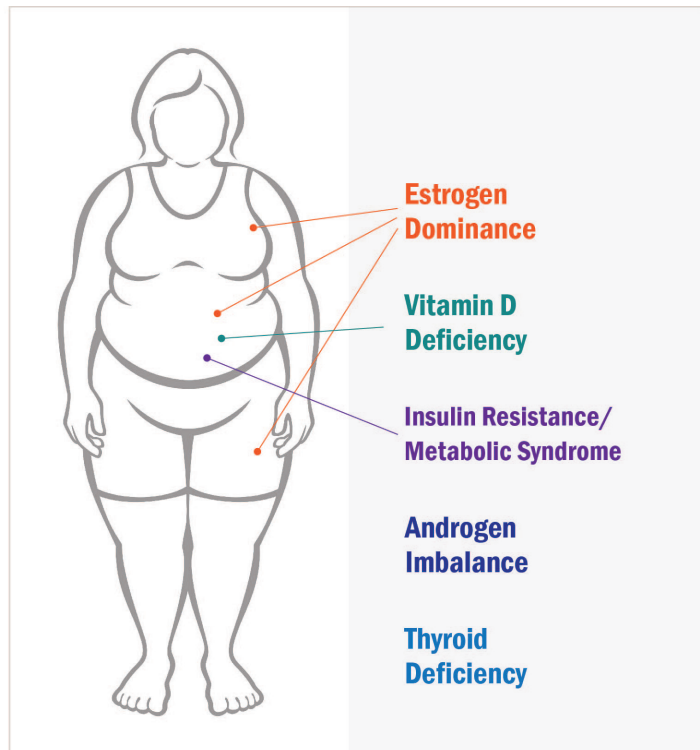
- hypothyroidism
- low metabolic rate
- obesity

#### High Fasting Insulin:

- insulin resistance/  
metabolic syndrome
- abdominal obesity

#### High HbA1c:

- predictive of type 2 diabetes



**Can't Lose Weight? It could be your hormones.  
Do the following symptoms sound familiar?**

**WOMEN:**

- weight gain in hips & thighs
- belly fat
- water retention
- increased appetite/sugar cravings
- decreased lean muscle
- low thyroid symptoms – slow weight loss, regularly feeling cold
- premenstrual weight gain
- mood swings/PMS
- heavy/painful or irregular cycles
- fibrocystic breasts
- uterine fibroids
- polycystic ovaries
- hot flashes/night sweats
- difficulty sleeping
- foggy thinking
- stress
- fatigue
- irritability
- anxiety
- depression
- low libido

**MEN:**

- weight gain in hips, thighs & breast tissue
- abdominal fat
- decreased lean muscle mass
- decreased strength and stamina
- sore muscles
- prostate problems
- increased urinary urge/ decreased flow
- low sex drive
- burnout
- lack of mental clarity
- fatigue
- difficulty sleeping
- irritability
- depression

*“Related imbalances of cortisol & insulin in both men & women can impair thyroid function and raise risks for metabolic syndrome & diabetes.”*



# Weight Management Profile

## An Epidemic

In 2010 the US was ranked as the world's fattest developed nation, and the latest data out of the CDC reports over a third of American adults obese – with the highest prevalence among men and women over 40 years old. It is not a coincidence that this is the age when people start to see the impacts of hormonal imbalance. Providers can help by addressing the hormonal connection to obesity to help patients manage their weight and reduce related disease risks.

## ZRT's Weight Management Profile

The Weight Management Profile identifies hormonal imbalances that contribute to obesity, weight gain and difficulty losing or sustaining a healthy weight. Used as a screening tool, the profile also serves as a powerful early indicator of insulin resistance and risks for metabolic syndrome and diabetes.

## Purpose

- ▶ Identify hormonal imbalances associated with weight gain and obesity
- ▶ Detect risk markers for insulin resistance, metabolic syndrome and diabetes

## What is Included in the Profile?

**Estradiol (E2)** at optimal physiological levels in women promotes a healthy distribution of fat in hips, thighs, breasts, and subcutaneously. However, in excess, and in the absence of progesterone, estrogen predisposes to unhealthy surplus weight gain in these tissues. Men generally have much lower levels of estradiol and higher testosterone, which is responsible for greater muscle mass and less fat distribution in areas of the body normally seen in women. In overweight men testosterone levels drop and estrogens rise leading to the

## Available Tests

### Weight Management Profile

Tests: E2, Pg, T, DS, Cx4 (saliva); TSH, Vitamin D2/D3, Insulin, HbA1c (blood spot)

Allows physicians to isolate specific imbalances of one or more hormones that contribute to weight gain, slowed metabolism, increased body fat deposition, and food/sugar cravings. Facilitates correction of imbalances for proactive weight control, and associated risks for cardiometabolic disease and diabetes.

### Thyroid Add-On:

Tests: fT3, fT4, TPOab (blood spot)

### Cardio Add-On:

Tests: hsCRP, TG, CH, HDL, LDL, VLDL (blood spot)

These optional add-ons give a fuller picture when there are thyroid issues or symptoms of insulin resistance/metabolic syndrome.

same problematic weight gain in the hips, thighs, and breasts (referred to as gynecomastia) as seen in women.

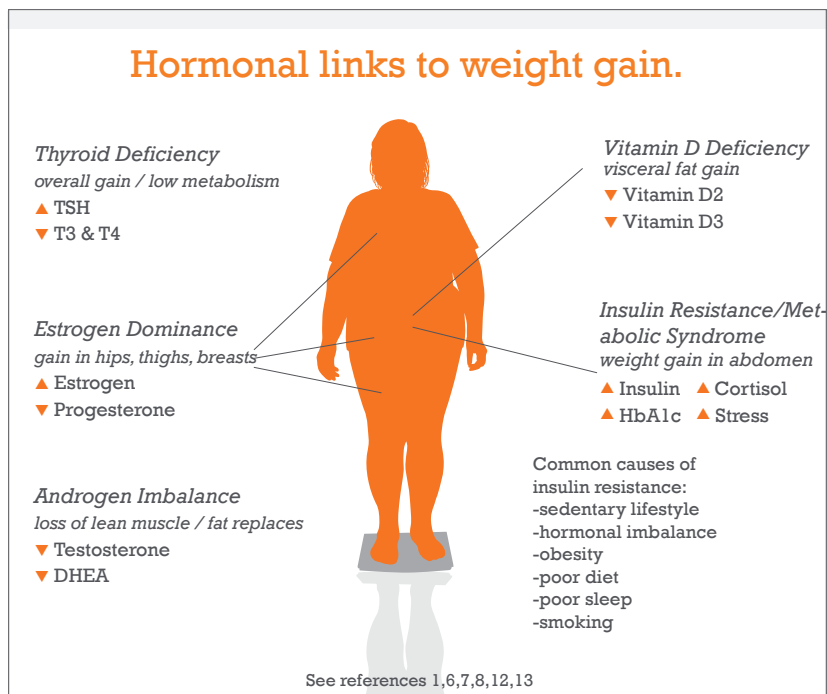
**Progesterone (Pg)** in addition to its primary role in attenuating the effects of excess estrogen in the body by downregulating estrogen receptors, aids weight management by acting as a natural diuretic. Its natural calming effects in the brain may also reduce stress-related overeating and food cravings. As a mineralocorticoid receptor antagonist, progesterone counteracts the effects of mineralocorticoid activation, which include the stimulation of fat cell formation, increased body weight, and release of inflammatory cytokines. However, excessive supplementation with progesterone to higher than normal levels can increase appetite and also slow the rate of food emptying from the stomach and moving through the digestive tract, causing slower digestion and bloating.

**Testosterone (T)** and **DHEA-S (DS)** are androgens that increase lean muscle mass and metabolic rate. As androgen levels decline, muscle mass also decreases with a corresponding increase in adiposity. Low androgens can also reduce vitality and tolerance for exercise. Weight gain itself, with its resulting hormone imbalances, can trigger a drop in testosterone as the aromatase enzyme within fat tissue converts androgens to estrogens. In men this contributes to a female-type body fat distribution, including breast tissue development. In women with polycystic ovarian syndrome (PCOS), high testosterone and DHEA are linked to insulin resistance and weight gain, particularly in the abdomen.

**Cortisol (C)** imbalances can create problems with blood sugar control, sleep patterns, appetite, food cravings, and tolerance exercise. Under stress, excessive cortisol production particularly in concert with insulin, promotes fat storage in abdominal adipose tissue. This visceral type of fat is closely associated with insulin resistance and metabolic syndrome and thus more hazardous to health. Chronically elevated cortisol is a known risk factor for pre-diabetes and cardiovascular disease.

**Thyroid Stimulating Hormone (TSH)** elevations, even within the high-normal range, are linked with hypothyroidism, low metabolic rate and obesity. Hypothyroidism is linked to elevated cortisol and can also be a consequence of oral estrogen therapy, which increases the production of binding proteins that reduce thyroid hormone bioavailability.

**Vitamin D (D2, D3)** deficiency is common in obesity and particularly associated with hyperinsulinemia and visceral fat. Whether by cause or effect, identifying and correcting vitamin D3 deficiency may improve insulin sensitivity.



**Fasting Insulin (In)**, when elevated, is a marker of insulin resistance which precedes metabolic syndrome, PCOS, and type 2 diabetes. Increased levels, particularly in concert with cortisol lead to central obesity and increased inflammatory and other cardiovascular disease markers. Hyperinsulinemia also contributes to decreased testosterone levels in men, but increased testosterone and decreased ovulation in women.

**Hemoglobin A1c (HbA1c)** is an indirect measure of the average circulating glucose levels over the previous three months. An HbA1c of more than 6% is predictive of type 2 diabetes and cardiovascular disease risk.

## Hormone Weight Gain Connection

- ▶ Estrogen/progesterone imbalance: weight gain in hips, thighs; water retention; low thyroid/metabolism
- ▶ Testosterone/DHEA imbalance: decreased lean muscle, low metabolic rate; abdominal obesity
- ▶ Cortisol imbalance: increased appetite, sugar cravings, and belly fat; inhibits thyroid and metabolism
- ▶ Vitamin D3 deficiency: hyperinsulinemia; visceral fat
- ▶ TSH elevated: hypothyroidism, low metabolic rate, obesity
- ▶ Fasting Insulin: insulin resistance, abdominal obesity
- ▶ HbA1c: predictive of type 2 diabetes



## Clinical Utility

The Weight Management Profile allows providers to identify specific hormone imbalances associated with excess weight gain or obesity, vitamin D deficiency, and hypothyroidism in their patients. As a risk assessment panel it allows for early detection of insulin resistance, metabolic syndrome, and type 2 diabetes. The comprehensive test report is designed to help clinicians recommend effective treatments to rebalance hormone levels, address vitamin D and thyroid deficiencies, reduce overall risk for metabolic syndrome, and potentially avoid the onset of type 2 diabetes.

## Who Benefits from Profile Testing?

Menopausal women/andropausal men with unexplained weight gain, obesity, abdominal fat, high BMI (body mass index), hypometabolism. Commonly related symptoms include loss of lean muscle, increased appetite and/or sugar cravings, chronic stress, and low thyroid symptoms.

## Advantages of Saliva & Blood Spot Testing

- ▶ Convenient sample collection at home – no phlebotomist required
- ▶ Easy shipment of samples from home to the lab
- ▶ Samples stable for several weeks at room temperature
- ▶ Excellent correlation with serum/plasma assays

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